

## ***Workshop 11: Collaboration Between Perinatal HIV Prevention and Maternal-Child Health Programs***

Moderators: Sherry Orloff and Frances Varela

### **Health Resources and Services Administration**

Doris Barnette, Office of the Administrator, HRSA

Under the current administrator of HRSA, there has been a real emphasis on collaboration across programs. Categorical grant programs are not going away; legislators relate to them and we will not see generic funding.

Therefore it is important to look for different funding sources and to realize that these new funds will not come without strings. Flexibility in how funding may be used may improve, but this flexibility will always come with accountability and, usually, more and more restrictions over time.

If grantees of different programs see collaboration as adding value to what they're doing, they will collaborate; otherwise, they will only pay lip-service to the idea.

Our job is to build capacity; federal agencies and federal grantees need to find other funding sources to enhance their efforts. This will mean collaborating with others, or the forming of partnerships where you can use their money and they will also benefit. We need to know the different funding sources out there and how to tap into them.

### **PRAMS, Title X Training, and Integration of Services**

Mary Kay Larson, Division of Reproductive Health, Centers for Disease Control and Prevention

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based surveillance system in which 24 states and the City of New York participate. The study population consists of women who recently delivered a live-born infant. Information is gathered on maternal behaviors and experiences around the time of pregnancy. HIV information has been collected since 1996, specifically whether health care providers discussed HIV prevention or testing during prenatal visits.

Based on PRAMS data from 1998, 41%-55% of women recalled that their health care provider discussed HIV prevention during antenatal care and 70%-86% recalled that their health care provider discussed getting the blood test for HIV. The questionnaire was revised in 2000; mothers in all states who received any prenatal care are asked if their provider discussed HIV testing and several states will ask about actual testing.

PRAMS information and data are available on the Division of Reproductive Health's web site (<http://www.cdc.gov/nccdphp/drh/>). New grantees receiving funds for the PRAMS project will be announced on April 1.

Title X (family planning services) of the Public Health Services Act provides for training of health services providers, including training on HIV, through regional training centers. Through these regional centers, training has been provided to 4900 Title X- funded clinic health care providers serving close to 5 million women (85% from low-income households). Last year about 3000 service providers were trained on HIV (41% clinicians). A prenatal network through their Prenatal Smoking Cessation program already exists. This could be a way of "training the trainers" and of increasing voluntary counseling and testing in antenatal settings.

Integrating HIV services into family planning clinics or other settings may also be helped by through the use of patient flow analyses. These provide a documented snapshot of what's going on in the clinic (how personnel are being utilized and patients' movement through the clinic) and can be used to: a) measure performance of individual clinics; b) document the composition and use of clinic services; and c) document the effects of changes in procedures, time for each service, etc. This tool can thus be used to document the types of HIV counseling and testing women are receiving in antenatal clinics.

## **Perinatal HIV Prevention by Maternal and Child Health Programs**

Frances Varela, Association of Maternal and Child Health Programs (AMCHP)

Title V of the Social Security Act of 1935 is the typical source of funding and guidance for maternal and child health (MCH) programs. MCH programs serve pregnant women, infants, and children. Health promotion activities under Title V include needs assessments of women, children (including children with special health care needs) and youth. Prevention of perinatal HIV can be a part of Title V programs; in fact, some states have specific MCH policies regarding prenatal HIV counseling and/or testing.

Last year AMCHP did a survey of MCH activities aimed at stopping the spread of perinatal HIV/AIDS. Thirteen states reported administering \$25 million of AIDS money through MCH programs. Children with AIDS are eligible for MCH services under the children-with-special-needs provision.

The results of our survey indicated that there are numerous current activities in Title V programs to prevent the spread of HIV and AIDS, but there are still institutional obstacles to collaboration and allocation of resources (block grant funding).

## **Collaboration Efforts in Massachusetts**

Deborah Allen, Massachusetts Department of Public Health

Traditionally there has been a division within Title V programs between services for women and services for children with special health care needs. Addressing the problem of perinatal HIV transmission challenges that division.

It's important to collaborate with Maternal and Child Health programs because that will give you access to relevant patients and providers. It will also provide data on the cascade that leads to transmission by identifying gaps in prevention services at different points in the cascade. Policy and health care providers' perception of who is at risk are good predictors of whether prevention services are delivered. A universal approach to the issue is important, but it's also important to know what is actually happening (particular approach).

Reaching out to varied state programs, for example, WIC, family planning, home visiting programs, and programs targeting children may address some of the gaps in perinatal HIV prevention that currently exist. However, these gaps may not be easily identified. Courtship is probably needed more than collaboration.

## **CityMatCH Project in Philadelphia**

Rashidah Hassan, The Circle of Care (Family Planning Council)

A CDC-funded CityMatCH project is bringing cities together in "Learning Clusters" to share information on, among other urban-specific strategies to prevent perinatal HIV infection, how to integrate HIV and MCH services. Philadelphia was one of 5 cities in the original Learning Cluster, and the Circle of Care was one of the team members involved in the project.

The Circle of Care is a Title IV grantee that promotes "one-stop shopping" for mothers, children, fathers, etc. in Philadelphia's pediatric hospital centers. It is a project of the Family Planning Council and works with family planning services, private practitioners, and regional training centers to link services and

extend coverage for HIV-infected pregnant women. For example, in the regional training centers, it works with those who are learning how to do counseling and testing and trains them on how to deal with women's issues.

It's important to know what issues other programs face in delivering their services and to fit your needs into that environment. You also need to see what you can give to them. Although the Circle of Care has had much success in collaborating with other service providers, we are still trying to integrate mental health services and substance abuse treatment services with women's health issues. However, you need not go to the table thinking you need to give up something to ensure a collaboration. The CityMatCH project has been helpful in the development of strategies to facilitate linkages in care for HIV-infected pregnant women.

## **Discussion Summary**

There was a question regarding how to get different state agencies to work together. One suggestion was to have outside groups with influence push state level officials to link services. Another approach to try was to have staff from different agencies work at the local level across services to find common areas of interest; and then push jointly to get action at the state government level for integrating and supporting efforts.

Sherry Orloff asked CityMatCH representatives from several cities to discuss their efforts to achieve improved services for HIV-infected pregnant women.

MCH in D.C. described their efforts working at several hospitals in D.C. and through outreach; and how they had been able to fund a social worker to help with outreach and other services.

Norfolk CityMatCH described a number of barriers to integrating MCH services within the health department and within WIC. They also indicated that bringing teenagers into antenatal care remained a big challenge.

All spoke of ideas shared across the CityMatCH programs.